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Health Workforce Development Council Health Workforce Development Recommendations Background

Throughout the California Workforce Investment Board (CWIB)-Office of Statewide Health Planning and Development (OSHPD) and Health Workforce Development Council (Council) planning grant process, there were several methods of input including: Regional Focus Groups, Career Pathways Sub-Committee Meetings, Primary Care Initiative Meetings of the California Health Workforce Alliance (CHWA), and the CHWA/ California Health Professions Consortium (CHPC) Diversity workgroup. Collectively, these methods of input produced over a 100 recommendations. Honoring the process of collecting the recommendations, staff sorted all the recommendations under eight emerging themes that were identified as: 1) Education; 2) Financial Incentives; 3) Data Collection; 4) Licensure and Certification; 5) Career Awareness; 6) Recruitment and Retention; 7) Reimbursement; and 8) Diversity.

The comprehensive list of recommendations sorted under these emerging themes was brought forward to the Council for assessment and validation. Following review and deliberation, the Council decided to sort the recommendations according to the elements of the Coordinated Health Workforce Pathway Model adopted by the Council's Career Pathways Sub-Committee. The defined elements of the pathway model include:

1. Career Awareness- Element refers to recommendations that aim to increase awareness of health careers options throughout all stages of the pathway with such activities as increased outreach, communication and promotion of health career opportunities.
2. Academic Preparation and Entry Support/Assessment- Element refers to recommendations that aim to better prepare and support health professions students throughout the pathway with such activities as: academic and career advising, improved alignment of education pre requisites and articulation. [Note: we recommend moving "assessment" from the element title as the recommendations do not speak to assessment based on the UC Berkeley definitions. In addition, it appears that "assessment" is focused on the "student" assessing his/herself for fit and/or readiness to pursue a health occupation.]
3. Health Professions Training Program Access- Element refers to recommendations that aim to increase access to health professions education and training programs through changes in admission practices, and new education and training models or best practices.
4. Training Program Retention- Element refers to recommendations that aim to increase the retention and completion rate of students in health professions education and training programs.



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5. Internships/Clinical Training- Element refers to recommendations that aim to strengthen and increase access to internships and clinical training programs through increased residencies and expansion of new training models or best practices.
6. Financing and Support Systems/ Financial and Logistic Feasibility of Training- Element refers to recommendations that aim to increase financial support to: health professions students, incumbent workers, educational institutions, and healthcare organizations through increased incentives, compensation and payment or reimbursement systems.
7. Hiring and Orientation- Element refers to recommendations that aim to increase hiring support for graduates and incumbent workers through training opportunities, job placement, and interstate licensing.
8. Retention and Advancement- Element refers to recommendations that aim to increase the retention and advancement of incumbent workers by supporting innovative training programs and definition of new competencies in emerging service delivery models.
9. Coordinated Infrastructure- Element refers to systems level recommendations that revolve around four main themes: policy development, education, data collection, and research and partnerships.
10. Cultural Responsiveness and Sensitivity- Element refers to recommendations that aim to increase diversity, cultural responsiveness and sensitivity within health professions students, workforce, and institutions. Cultural responsiveness and sensitivity include such factors as: race, ethnicity, age, sexual orientation, culture, language, gender and income status.

OSHPD-CWIB staff took the direction of the Council and met with the Planning Ad-Hoc Committee several times to group similar recommendations under the appropriate element of the Coordinated Health Workforce Pathway Model. The Planning Ad-Hoc Committee subsequently met with staff to group and merge similar recommendations, eliminate repetition, and clarify recommendations that did not include an action. The attached recommendations are the final product that will undergo Council review.